CENTENE™
DENTAL SERVICES

Exhibit B
List of Contracted Providers

Practice Information

Location Name (dba) _____
Address _____
City _____
State _____ Zip Code _____
Phone _____
Fax _____
Email _____
Age Limitation _____ to _____
Handicap Accessible ☐ YES ☐ NO
Special Needs (patients) ☐ YES ☐ NO

Office Contact Name _____
Contact Phone _____
Contact Email _____
Office Locations _____ of _____

Primary Location ☐ YES ☐ NO
Additional Location ☐ YES ☐ NO

Payee Name (Entity Name) _____
Address _____
City _____
State _____ Zip Code _____
Phone _____
Fax _____
Email _____
Practice Tax ID _____
Group NPI _____
Group Medicaid ID _____

Office Hours

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday
Holidays

Office Type

☐ Office
☐ Clinic
☐ FQHC
☐ Health Dept
☐ Indian Health Srv
☐ Mobile

Providers Information

Provider Name	Provider NPI	Social Security #	DOB	CAQH #	Medicaid ID	Sub-Specialty (must have a completion Certificate)	Languages Spoken (other than English)